

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104885

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: PRECISION WELLNESS, LLC

**Current Principal Place of Business:**

2584 S. MAGUIRE ROAD  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

2584 S. MAGUIRE  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 20-5785047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACIOLI, LEONARDO R  
2584 S. MAGUIRE ROAD  
OCOEE, FL 34761 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ACIOLI, LEONARDO R  
Address: 2721 MINT DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: MGR ( ) Delete  
Name: KOSINSKI, SARA N  
Address: 2721 MINT DRIVE  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ACIOLI, LEONARDO R  
Address: 5 MOOR GREEN COURT  
City-St-Zip: OCOEE, FL 34761

Title: MGR (X) Change ( ) Addition  
Name: KOSINSKI, SARA N  
Address: 5 MOOR GREEN COURT  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SARA KOSINSKI

MGR

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date